

No. 2
-1-4-41
-17-39
X26350

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20887

ED JUN 29 1943 42

Registration District No. 1001

Primary Registration District No. 1001/000

State File No.

Registrar's No. 645

1. PLACE OF DEATH:

(a) County **BUCHANAN**
(b) City or town **ST. JOSEPH**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **State Hospital # 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **abt 4 yrs - 4 da**
(Specify whether
In this community **4 yrs 4 days**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **1**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **?**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **27**
year **1943** hour **11:30** minute **A.** M.
21. I hereby certify that I attended the deceased from **May 5**
1943 to **May 27** 19**43**
that I last saw her alive on **May 27** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death
Branchopneumonia
Chr. Myocarditis

Duration

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

93d

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **P. B. T. Sweeney** (M. D. or other)
Address **St. Joseph Mo** Date signed **5-27-43**

3. (a) PRINT FULL NAME **Hattie A. Otten**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Single**

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased **1 22 1862**
(Month) (Day) (Year)

8. AGE: Years **81** Months **4** Days **5** If less than one day **- hr. - min.**

9. Birthplace **St. Joseph GALENA Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Hotel Keeper**

11. Industry or business

12. Name **Chris Otten**

13. Birthplace **Amsterdam Holland**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Long**

15. Birthplace **Unknown Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Chas. E. Hendrix**
(b) Address **Marysville, Kansas**

17. (a) **B** (b) Date thereof **5-29-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **My Olives**

18. (a) Signature of funeral director **Stanley Howard**
(b) Address **St. Joseph Mo**

19. (a) **5-29-43** (b) **Bob Sergyog**
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John Roy Slaw

Licensed Embalmer No. *2435*

P. O. Address..... *St. Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.